

# Risks and Complications of Robotic-Assisted Radical Prostatectomy in Patients Receiving Antiplatelet and/or Anticoagulant Therapy

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## INTRODUCTION

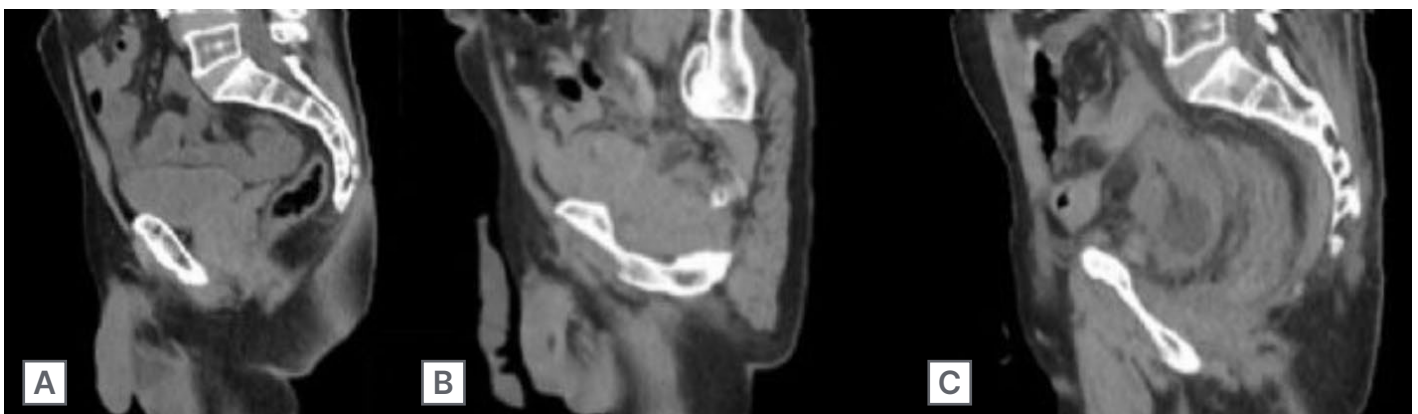
The use of antiplatelet and/or anticoagulant medications has increased due to irregular diets, limited physical activity, and an ageing population. Robot-assisted radical prostatectomy (RARP) has become increasingly common in the treatment of prostate cancer. This study presents a case of post-operative bleeding on the first day following RARP in a patient taking 100 mg of acetylsalicylic acid.<sup>1</sup>

## CASE PRESENTATION

A 69-year-old male with a history of cerebrovascular accident was referred to the authors' clinic due to a prostate-specific antigen level of 7 ng/mL. Transrectal ultrasound-guided biopsy was performed, and pathology confirmed prostate adenocarcinoma. The patient had been using 100 mg of acetylsalicylic acid regularly. Pre-operative biochemical values were within normal limits.

On post-operative Day 1, approximately 750 cc of haemorrhagic fluid was drained, and the haemoglobin level was 10.6 g/dL. A contrast-enhanced CT scan revealed a bleeding focus near the anterior abdominal wall adjacent to the bladder (**Figure 1**). The patient underwent a second robot-assisted laparoscopic procedure. Active bleeding was detected in the right pedicle of the prostate. Haemostasis was achieved by cauterising the bleeding sites, and the surgery was completed successfully.

**Figure 1: Pre-operative (A) and post-operative (B and C) CT scans.**



**A) Pre-operative non-contrast CT image. B and C) Post-operative contrast-enhanced CT images.**

## CONCLUSION

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In patients on anticoagulant therapy, post-operative complications such as bleeding may occur more frequently after RARP. Robot-assisted laparoscopy allows for easier surgical access in such cases, and can be an effective option for managing these complications.

## Reference

1. Uslu Ö et al. Risks and complications of robotic-assisted radical prostatectomy (RARP) in patients receiving antiplatelet and/or anticoagulant therapy. Abstract 0096. IURES Congress, 6-9 November, 2025.